

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

10/507082  
APPLICANT(S)

FILING DATE

| CLAIMS       |          |      |                     |      |                     |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | /        |      |                     |      |                     |      |
| 2            | /        |      |                     |      |                     |      |
| 3            | /        |      |                     |      |                     |      |
| 4            | /        |      |                     |      |                     |      |
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| 98           | /        |      |                     |      |                     |      |
| 99           | /        |      |                     |      |                     |      |
| 100          | /        |      |                     |      |                     |      |
| TOTAL IND.   | 7        |      |                     |      |                     |      |
| TOTAL DEP.   | 9        |      |                     |      |                     |      |
| TOTAL CLAIMS | 16       |      |                     |      |                     |      |

PTO-1360 (2-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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